

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>071937113</i>	FILING DATE
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51	
2		1				52	
3		3		3		53	
4		3		3		54	
5	0	0	0	0		55	
6	0	0	0	0		56	
7						57	
8						58	
9						59	
10						60	
11						61	
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37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS						TOTAL CLAIMS	